AR YEAR  AR YEAR  AR YEAR  IIINARY I  Or your spouse from any sou complete an individual or r a speech, app complete an complete ar your spouse ble asset in a t your spouse han \$10,000) o complete ar complete ar SION OF	Yes No 🗸	child	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	ssets, "unearned" in ? Do not answer "y	Have you excluded from this report any other assets, "unearned" income, transactions, or because they meet all three tests for exemption? Do not answer "yes" unless you have fir Standards of Official Conduct.	Exemptions Have y becaus
DISCLOSURE STATEMENT  FORM A  Page For 5 TV RESDURCY CENTER  FOR use by Members, officers, and em2694487   5 PM   1: 52  LISTATEMENT  FOR use by Members, officers, and em2694487   5 PM   1: 52  LISTATEMENT  FOR use by Members, officers, and em2694487   5 PM   1: 52  LISTATEMENT  FOR use by Members, officers, and em2694487   5 PM   1: 52  LISTATEMENT  For use by Members, officers, and em2694487   5 PM   1: 52  LISTATEMENT  FOR use by Members, officers, and em2694487   5 PM   1: 52  LISTATEMENT  FOR use by Members, officers, and em2694487   5 PM   1: 52  COMPLETIONS  State: KS  COfficer Or  Employing Office:  Be assessed as anyone who filt move the foliation by a sessessed as anyone who filt move than 30 d.  A \$200 penalty  be assessed as anyone who filt move than 30 d.  In the proposition proportion by the proposition proportion than 1315 and not otherwise year  If you, your spouse, or a dependent child receive any reportable gift in the exemption proportion than 1315 and not otherwise year  If you, your spouse, or a dependent child receive any reportable gift in the exemption proportion than 1315 and not otherwise year  If you, your spouse, or a dependent child receive any reportable gift in the exemption proportion proportion proportion than 1315 and not otherwise year  If you, your spouse, or a dependent child receive any reportable gift in the exemption or than 1315 and not otherwise year  If you, your spouse, or a dependent child receive any reportable gift in the exemption or than 1315 and not otherwise year  If you, your spouse, or a dependent child receive any reportable gift in the exemption proportion proportion proportion proportion proportion data the expondent child receive any reportable was any reportable	Yes No 🗸		tee on Standards of Official Conduct and certain other "exdetalls of such a trust benefiting you, your spouse, or dep	oved by the Commit	regarding "Qualified Blind Trusts" appr need not be disclosed. Have you exclu	Details trusts" child?
DISCLOSURE STATEMENT  FORM A  Page For 1772 RESDURCE CENTER  FOR use by Members, officers, and em2604487   5 PM   : 52  U.S. HOUSE OF REPRESENTATIVES  To use by Members, officers, and em2604487   5 PM   : 52  U.S. HOUSE OF REPRESENTATIVES  (202) 225-6216  (Officer Or Employing Office: Daytime Tolephone)  Compliance of Tolephone of The ESE QUESTIONS  Page Propring period?  Page Officer Or Employing Office: Daytime Tolephone of Paying one who fill more than 30 direction to charity in lieu of paying officer.  Panswers of Tolephone of Paying one of the period of the period of the period officer.  Panswers of the paying officer or the period of the period officer.  Panswers of the period of the period officer of the period officer.  Panswers of the period officer or the period officer of the period officer.  Panswers of the period officer or the period officer or the period officer.  Panswers of the period officer or the period officer of the period officer.  Panswers of the period officer or the period officer or the period officer.  Panswers of the period officer or the period officer or the period officer.  Panswers of the period officer or the period officer or the period officer.  Panswers of the period officer or the period officer or the period officer.  Passwers officer or the period officer or the period officer or the period officer.  Passwers officer or the period officer or the period officer.  Passwers officer or the period officer.  Passwe	SN	ESTION	ATION ANSWER EACH OF THESE QU	JST INFORM	USE, DEPENDENT, OR TR	<b>EXCLUSION OF SPC</b>
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OF REPRESENTATIVES    For use by Members, officers, and emation	the appropriate	ed and th	_		endent child have any reportable liability reporting period?	V. (more than \$10,000) during the
DISCLOSURE STATEMENT  For use by Members, officers, and employ+ 15 PM  : 52    THE CERK   U.S. HOUSE OF THE SERVALIVES   THE CERK   U.S. HOUSE OF THE SERVALIVES   THE CERK   U.S. HOUSE OF THE SERVALIVES   Cofficer Or Employing Office:			If yes, complete and attach Schedule IX.		Schedule IV.	If yes, complete and attac
OF REPRESENTATIVES    FORM A   Page 17 % 5 174 RESOURCE CENTER		an outside		<	ndent child purchase, sell, or exchange any on exceeding \$1,000 during the reporting	V. reportable asset in a transacti
DISCLOSURE STATEMENT  FORM A  Page 17 15 TVE RESPURCE CENTER  For use by Members, officers, and em24944 5 5 PM 1: 52  L.S. HÖUSE 01 THE CLERK  U.S. HÖUSE 01 THE CLERK  A \$200 penalty sha be assessed againt  anyone who files  more than 30 days  I det.  "Office Use Only)  I det u.S. HÖUSE 01 THE CLERK  U.S. HÖUSE 01 THE CLERK  A \$200 penalty sha be assessed againt  anyone who files  more than 30 days  I det.  "Office Use Only)  I det u.S. HÖUSE 01 THE CLERK  U.S. HÖUSE 01 THE CLERK  A \$200 penalty sha be assessed agai			If yes, complete and attach Schedule VIII.		Schedule III.	If yes, complete and attac
OF REPRESENTATIVES    FORM A   Page 1/15   FORM	Yes 🗌 No	filing in the		<	endent child receive "unearned" income of g period or hold any reportable asset worth the medon?	Did you, your spouse, or a dep III. more than \$200 in the reporting
OF REPRESENTATIVES  For use by Members, officers, and em2€094tky  For use by Members, officers, and em2€094tky  In Todd Tiahrt  Todd Tiahrt  State: KS District: 4  District: 4  A \$200 penalty sha be assessed again.  Termination  Termination  Termination  Termination  Termination  Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise yes intom to charity in lieu of paying yes  VII. Indintricts of travel in the reporting period (worth more than \$335 and not otherwise yes intom to charity in lieu of paying yes  VIII. Publics in the reporting period (i.e., aggregating more than \$335 and not otherwise yes intom one source)?  VIII. Publics in the reporting period (i.e., aggregating more than \$335 and not otherwise yes intom one source)?  VIII. Publics in the reporting period (worth more than \$335 in travel or from one source)?  VIII. Publics in the reporting period (worth more than \$335 in the reporting period (worth more than \$335 in the stavel or from one source)?  VIII. Publics in the reporting period (worth more than \$335 in the reporting period (worth more than \$335 in the reporting period (worth more than \$335 in the stavel or from one source)?  VIII. Publics in the reporting period (worth more than \$335 in the stavel or from one source)?  VIII. Publics in the reporting period (worth more than \$335 in the stavel or from one source)?  VIII. Publics in the reporting period (worth more than \$335 in the stavel or from one source)?		! : 	If yes, complete and attach Schedule VII.		Schedule II.	If yes, complete and attac
OF REPRESENTATIVES  For use by Members, officers, and em2604株文 5 PM 1: 52  For use by Members, officers, and em2604株文 5 PM 1: 52  In Todd Tight  State: KS  District: 4  State: KS  District: 4  Amendment  Full Name  Officer Or  Employee  Full Name  Termination  Termination  Termination  Termination  Termination  Date:  Termination  Date:  Termination  Date:  Did you, your spouse, or a dependent child receive any reportable gift in exempt)?  Fyes, complete and attach Schedule VI.  Fig. CERK  U.S. HÖUSE 0  REPRESENTATIVES  (Office Use Only)  A \$200 penalty sha  be assessed again: anyone who files  more than 30 days  For use by Members, officers, and em2604株文 5 PM 1: 52  U.S. HÖUSE 0  REPRESENTATIVES  (Office Use Only)  By assessed again: anyone who files  more than 30 days  For use by Members, officers, and em2604株文 5 PM 1: 52  U.S. HÖUSE 0  REPRESENTATIVES  Office Use Only)  State: KS  Did you, your spouse, or a dependent child receive any reportable gift in exempt)  Full No  Fig. CERK  U.S. HÖUSE 0  REPRESENTATIVES  No assessed again: anyone who files  For use by Members, officers, and em2604株文 5 PM 1: 52  U.S. HÖUSE 0  REPRESENTATIVES  No assessed again: anyone who files  For use by Members, officers, and em2604株文 5 PM 1: 52  U.S. HÖUSE 0  REPRESENTATIVES  No assessed again: anyone who files  For use by Members, officers, and em2604株文 5 PM 1: 52  U.S. HÖUSE 0  REPRESENTATIVES  No assessed again: anyone who files  For use by Members, officers, and em2604株文 5 PM 1: 52  If yes, complete and attach Schedule VI.	or Yes 🗌 No	lable travel o than \$335		Yes 🗍 No	on make a donation to charity in lieu of paying or article in the reporting period?	Did any individual or organiza: II. you for a speech, appearance,
OF REPRESENTATIVES    For use by Members, officers, and emptoy   5 PM  : 52			If yes, complete and attach Schedule VI.		Schedule I.	If yes, complete and attack
OF REPRESENTATIVES  DISCLOSURE STATEMENT  For use by Members, officers, and emptoydeks?  For use by Members, officers, and emptoydeks?  (202) 225-6216  (202) 225-6216  (Daytime Telephone)  Termination Date:  Termination Date:  Termination Date:	Yes 🗌 No	table gift in t otherwise	Did you, your spous the reporting period exempt)?	□ No	earned" income (e.g., salaries or fees) of \$200 reporting period?	Did you or your spouse have ' loor more from any source in th
FORM A  For use by Members, officers, and empendents  (202) 225-6216 (Daytime Telephone)  Termination  For use by Members, officers, and empendents  (202) 225-6216 (Daytime Telephone)  Termination Date:		l .	DUESTIONS	유		PRELIMINARY INFO
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IVES For use by Members, officers, and (202) 225-62	office Use Only)	( <u>O</u>	(Daytime Telephone)		(Full Name)	
FORM A  For use by Members, officers, and			(202) 225-6216		William Todd Tiahrt	
IVES For use by Members, officers, and	SENTATIVES	O REPRES	u.s. House			
FORM A	Ħ I: 52 🔧	/ 5 P	For use by Members, officers, and employees	MENT	INANCIAL DISCLOSURE STATE	<b>CALENDAR YEAR 2008</b>
	ROE OF WIFE	A RESOUR		TATIVES	HOUSE OF REPRESEN	UNITED STATES

SCHEDULE III - ASSETS AND "UNEARNED" INCOME **-**닠 that of your spouse (SP) or dependent child (DC) or is jointly held (JT), debt owed to you by your spouse, or by your or your spouse's child, that is not publicly traded, state the name of the business, the nature of plans that are not self-directed, name the institution holding the account in the optional column on the far left. If you so choose, you may indicate that an asset or income source is Government retirement programs. savings accounts; any financial interest in or income derived from U.S parent or sibling; any deposits totaling \$5,000 or less in personal Exclude: Your personal residence(s) (unless there is rental income); any its activities, and its geographic location in Block A. For additional and its value at the end of the reporting period. For an active business in the account that exceeds the reporting threshold. For retirement investments), provide the value and income information on each asset in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans than \$200 in "unearned" income during the year. For rental property or a fair market value exceeding \$1,000 at the end of the reporting period, Identify (a) each asset held for investment or production of income with information, see the instruction booklet. mutual funds (do not use ticker symbols). For all IRAs and other land, provide a complete address. Provide full names of stocks and and (b) any other assets or sources of income which generated more Asset and/or Income Source MS-IRA: MS Focus Growth FD S&P 500 I (fka Equally MS-IRA: MS Equally Weighted Market Intrust Bank: Maximizer Money Intrust Bank: Checking (fka Focus Growth FD D) \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1 - \$1,000 the value should be the method used. If an at close of reporting included only because asset was sold and is value, please specify other than fair market valuation method year. If you use a it is generated income, Value of Asset Year-End Name William Todd Tiahri **BLOCK B** DIVIDENDS None INTEREST during the calendar year. Check "None" if asset did even if reinvested, should appropriate box below. income by checking the not generate any income be listed as income. Dividends and Interest, IRAs, indicate the type of other assets including all may write "NA". For all Check all columns that INTEREST specific investments, you not allow you to choose plans or accounts that do apply. For retirement Type of Income BLOCKC NONE earned or generated. appropriate box below. \$1 - \$200 of income by checking the \$201 - \$1,000 NONE Dividends and interest, even IRAs, indicate the category other assets, including all you to choose specific "None" if no income was listed as income. Check if reinvested, should be "NA" for income. For all investments, you may write accounts that do not allow For retirement plans or Amount of Income BLOCK D reporting year. exceeding \$1,000 in exchanges (E) (P), sales (S), or Transaction had purchases indicate if asset BLOCKE Page 2 of 5

MS-IRA: MSIF Captial Growth Inst (fka MSIF US Large Cap Gr Port A)	MS-IRA: Liquid Assets Fund - \$1 - Money Market	MS-IRA: Van Kampen Growth \$1,0	MS-IRA: Van Kampen Small Cap Growth I	MS-IRA: Van Kampen \$1,0 Comstock I	MS-IRA: MSIF Invest Grade \$1,0	MS-IRA: MSIF TR US Small \$1,0	MS-IRA: MSIF Emerging Markets A	MS-IRA: MSIF Active Intl Allocatn A	MS-IRA: MS Mid-Cap Value Fund I (fka Mid-Cap Value Equity FD D)	MS-IRA: MS Internati Value Equity FD I (fka Internati Value Equity FD D)	SCHEDULE III - ASSETS AND "UNEARNED" INCOME
\$1,001 - \$15,000	\$1 - \$1,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	\$1,001 - \$15,000	Name William Todd Tiahrt
DIVIDENDS	DIVIDENDS	DIVIDENDS	None	DIVIDENDS	DIVIDENDS	DIVIDENDS	DIVIDENDS	DIVIDENDS	DIVIDENDS	DIVIDENDS	odd Tiahrt
\$1 - \$200	\$1 - \$200	\$201 - \$1,000	NONE	\$201 - \$1,000	\$201 - \$1,000	\$201 - \$1,000	\$201 - \$1,000	\$201 - \$1,000	\$1 - \$200	\$201 - \$1,000	
								ס			Page 3 of 5

## SCHEDULE IV - TRANSACTIONS

Name William Todd Tiahrt

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

MS-IRA: N	MS-IRA: N	SP, DC,	
MS-IRA: MSIF Internatl Magnum A	MS-IRA: MSIF Active Intl Allocatn A	Asset	
S	P	Type of Transaction	
11/10/08	11/10/08	Date	
\$1,001 - \$15,000	\$1,001 - \$15,000	Amount of Transaction	

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FOOTNOIES	S		Name William Todd Tiahrt	Page 5 of 5
Number	Section / Schedule		Footnote	This note refers to the following item
	Schedule III	MS-IRA		Morgan Stanley - IRA Rollover Account
2	Schedule IV	MS-IRA		Morgan Stanley - IRA Rollover Account